1179719



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respon	_

SEC USE ONLY								
Prefix	Serial							
DATE	RECEIVED							
1	1							

	UNIFORM	LIMITED OFFE	RING EXEMI	PTION L	
Name of Offering Check if t	his is an amendment an	d name has changed, and			
Xethanol Corpora			ation D Of		الرجيع في المحدود والمحدود وال
Filing Under (Check box(es) that at Type of Filing: New Filing	Amendment	Rule 303 📝 Rule	506 Section 4(6)	OLOE _	
		A. BASIC IDENTIFICA	TION DATA		
1. Enter the information requeste	ed about the issuer				02057259
Name of Issuer ( check if this Xethanol Corpora		ame has changed, and ind	icate change.)		
Address of Executive Offices		(Number and Street, Ci		Telephone Numb	er (Including Area Code)
360 West 22nd St		e 16 B, NY,			42-7039
Address of Principal Business Oper (if different from Executive Offices		(Number and Street, C	ity. State, Zip Code)	Telephone Num	ber (Including Area Code)
Brief Description of Business			L		PROCESSED SEP 1 3 2002 THOMSON FINANCIAL
Production of Et	chanol				FNUCESSER
Type of Business Organization					I CCD 4 0
corporation		ership, already formed ership, to be formed	other (pl	case specify):	SEP 1 3 2002
business trust	minted pain				THOMOS
Actual or Estimated Date of Incorpo	oration or Organization	Month Year	Actual Estim	atad	FINANCIA
Jurisdiction of Incorporation or Org				area -	"" WOLAL
	CN for C	anada; FN for other foreig	n jurisdiction)	DE	
GENERAL INSTRUCTIONS			-		
Federal: Who Must File: All issuers making a 77d(6).	nn offering of securities	n reliance on an exemption	n under Regulation D o	Section 4(6), 17 CF	R 230,501 et seq. or 15 U.S.C.
When To File: A notice must be fill and Exchange Commission (SEC) o which it is due, on the date it was n	on the earlier of the date	it is received by the SEC	at the address given be		
Where To File: U.S. Securities and	Exchange Commission	, 450 Fifth Street, N.W.,	Washington, D.C. 205	49.	
Copies Required: Five (5) copies of photocopies of the manually signed	f this notice must be fil- copy or bear typed or p	ed with the SEC, one of wrinted signatures.	hich must be manually	signed. Any copies	s not manually signed must be
Information Required: A new filing thereto, the information requested in not be filed with the SEC.					
Filing Fee: There is no federal filing	ng fee.				
State:					
This notice shall be used to indicate ULOE and that have adopted this fare to be, or have been made. If a accompany this form. This notice this notice and must be completed	form. Issuers relying o state requires the payr shall be filed in the ap	n ULOE must file a sepa nent of a fee as a precond	rate notice with the Se lition to the claim for	ecurities Administra the exemption, a fe	ator in each state where sales to in the proper amount shall
	<del></del>		V		<del></del>
Failure to file notice in the appropriate federal notice villing of a federal notice.					

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SEC 1972 (6-02)

Advisor Market Company of the Compan	
2. Enter the information requested for the following:	Manager 1 and 1 an
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more	of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
d'Arnaud-Taylor, Christopher	
Business or Residence Address (Number and Street, City, State, Zip Code) 360 West 22nd Street, Suite 16B, New York, NY 10011	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Skryanz, Franz	
Business or Residence Address (Number and Street, City, State, Zip Code)	
30 East 81st Street, Suite 4D, New York, NY 10028	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
DiToro, Richard	
Business or Residence Address (Number and Street, City, State, Zip Code)  8 Merestone Terrace, Bronxville, NY 10708	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Lusk, Jr., Peter A.	
Business or Residence Address (Number and Street, City, State, Zip Code)  246 Long Ridge Rd., Pound Ridge, NY 10057	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Smith, William Scott	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3141 Jasmine Drive, Delray Beach, FL 33483	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Danehower, Susan M.	
Business or Residence Address (Number and Street, City, State, Zip Code) 360 West 22nd Street, Suite 16B, New York, NY 10011	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

						Jagistican	fek (430) *	11 (0) 7 2 2) [4]		water we did a		-	
1.	Has the	issuer solo	I. or does th	he issuer ir	ntend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No I¥
•	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									<u></u>	ŭ		
2.										••••	s N	I/A	
												Yes	No
3.			permit joint		-								<b>T</b>
4.			ion request ilar remune										
	If a pers	on to be lis	ted is an ass	sociated pe	rson or age	nt of a brok	er or deale	r registered	I with the S	EC and/or	with a state		
			me of the b you may s							ciated pers	ons of such		
Ful			first, if indi								<del></del>		<del> </del>
-	Sour	ce Cap	ital G	Froup,									
			Address (N					0.0					
			Road E		westp	ort, c	7 066						
		W. H		aici									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	AL	AK	ΑŽ	AR	CA	co	(CF)	DE	[DC]	[FV]	GA	HI	ID
		IN.	ĪA	KS	KY,	LA	ME	MD	MX	MI	MN	MS	MO
	MT	NE	NV	NH		NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)		-							
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of As	sociated Br	oker or De	aler									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)	••••••	***************************************	••••••	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
						[01]	VI)	<u>(VA)</u>	WA			[ 17 ]	
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
214			" or check									☐ A!	l States
		[4]	[3.7]	(AD)		رحما	<u></u>	ופת	וסכו	151	IC X		ואו
	[AL]	[AK] [IN]	[AZ]	[AR]	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

## C. OFTERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	c I			•	
	Type of Security		Aggregate Fering Price		An	10unt Already Sold
	Debt	<b>\$</b>	0		\$	0
	Equity	\$ <u>6</u>	650	00	05	0
	☑ Common ☐ Preferred	N	lote 1			
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify)	\$	0		\$	0
	Total	<u>\$_6</u>	,650,	00	(g <sub></sub>	0
	Foot Note 1 If maximum number is sold in the	of	ferir	ıg.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	•	Number Investors O			Aggregate ollar Amount f Purchases O
	Non-accredited Investors		_		\$	0
	Total (for filings under Rule 504 only)		_	_	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.		*		Ψ	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		D	ollar Amount Sold
	Rule 505				\$	
	Regulation A			_	\$_	
	Rule 504				\$	
	Total			_	\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs	· · · · · · ·			<u>\$_1</u>	,000
	Legal Fees	• • • • • • •	*******		<u>\$_1</u>	0,000
	Accounting Fees				<u>\$_5</u>	,000
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)				<u>\$_5</u>	32,000
	Other Expenses (identify)		,,,,,,,		\$	0
	Total				\$ <u>5</u>	48,000

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROC	EEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	•	;		§6,102,000
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross			
	se f		•	yments to	
				Officers, rectors, &	Payments to
				ffiliates	Others
	Salaries and fees		<u> </u>	30,000	288,000 1 288,000
	Purchase of real estate		□\$	0	s 1,250,000
	Purchase, rental or leasing and installation of mac			0	_         0
	and equipment			0	□ \$
	Acquisition of other businesses (including the val		<b>∟</b> ⊸	<del>`</del>	\$
	offering that may be used in exchange for the asse	ets or securities of another		•	<b>5</b> 50 000
	issuer pursuant to a merger)				\$\frac{750,000}{}
	Repayment of indebtedness		_		□ \$ <u> </u>
	Working capital		□\$_	0	s 1,084,000
	Other (specify): Reserve for futu		□ \$	0	<u>\$2,500,0</u> 00
			□\$_		\$
	Column Totals		□ \$ <u>.</u> 2	30,000	\$ <u>5,872,0</u> 00
	Total Payments Listed (column totals added)			□\$ <u>6</u> ,	102,000
		D. FEDERAL SIGNATURE			
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accurate.	nish to the U.S. Securities and Exchange Commis	sion,	upon writte	
Isst	er (Print or Type)	Signature/ Management	Date		
	Kethanol Corporation	( Carridan)	9-	10-02	-
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
C)	ristopher d'Arnaud-Taylor	President & CEO			

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Provisions of such rule? ... See ... Attached See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Xethanol Corporation	Signature 4 Date 9-10-02
Name (Print or Type)	Title (Print or Type)
Christopher d'Arnaud-Taylor	President & CEO

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Cinvestor and rchased in State C-Item 2)		under Sta (if yes, explan- waiver	ification ate ULOE
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со						,			
СТ		Х	6,650,000	0	0	0	0		Х
DE									
DC									
FL		Х	6,650,000	0	0	0	0		Х
GA									
ні									
ID					-				
ΙL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA		Х	6,650,000	0	0	0	0		Х
MI									
MN									
MS									

•				APP	ENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4  f investor and rchased in State C-Item 2)		under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE								-	
NV									
NH									
ŊJ		Х	6,650,000	0	0	0	0	-	Х
NM									
NY		Х	6,650,000	0	0	0	0		х
NC									
ND									
ОН									
ок									
OR									
PA				_			,		
RI									
SC									
SD									
TN									
TX		-							
UT		-			• *				
VT									
VA									
WA									
wv									
WI			,						

,				APP	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item!)				
State WY	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									